



# MANCHESTER PUBLIC SCHOOLS

45 N. SCHOOL ST., MANCHESTER, CT 06040

## PARENT PERMISSION AND ATHLETIC MEDICAL PARTICIPATION FORM

ATHLETES CANNOT PARTICIPATE UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE ATHLETIC TRAINER

**Informed Consent:** I realize that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in disability, paralysis or even death.

School Year \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_ Sport \_\_\_\_\_  
(as it appears on school records)

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Previous School \_\_\_\_\_ Student ID \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Parent / Guardian Address \_\_\_\_\_ Parent / Guardian Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Family Doctor / Clinic \_\_\_\_\_ Office Phone \_\_\_\_\_ Insurance YES NO

Preferred Hospital \_\_\_\_\_

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Having read the informed consent statement above and knowing the risks, my child has my permission to participate in the school sports program. In case of injury or illness and I cannot be reached, the coach, athletic trainer, nurse, or athletic director has my permission to make arrangements for my son / daughter to be taken to the nearest medical facility for emergency treatment.

My son / daughter has a life threatening condition or cardiac condition. YES \_\_\_\_\_ NO \_\_\_\_\_

My son / daughter has the following health problems or takes the following medication for a health problem.

Explanation: \_\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**PHYSICIAN:**

I hereby certify that \_\_\_\_\_ has had a physical within the past thirteen months.  
(student name)

The date of his/ her last physical was \_\_\_\_\_ and the student is eligible to participate in all  
(date of last physical exam)

sports including collision and contact sports.

\_\_\_\_\_  
Signature of Physician / Date